

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Citizens For Strength And Security PAC		FEC IDENTIFICATION NUMBER ▼ C C00488429	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Switchboard			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016		
Mailing Address 1725 Eye Street, NW S900			Amount 34278.00		
City Washington	State DC	Zip Code 20006	Transaction ID : SE.4305		
Purpose of Expenditure Digital Advertising (Stand NV: 11/2/16 - 11/8/16)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2016		
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		46278.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Switchboard			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016		
Mailing Address 1725 Eye Street, NW S900			Amount 25722.00		
City Washington	State DC	Zip Code 20006	Transaction ID : SE.4306		
Purpose of Expenditure Digital Advertising (Stand NH: 11/2/16-11/8/16)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2016		
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		72000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	60000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Haggard, Lora, , ,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 03 / 2016

Signature